

Why Nursing Homes Need a Strong Minimum Staffing Standard

In February 2022, President Biden announced a historic set of nursing homes reforms.ⁱ The centerpiece of these reforms was to create a minimum staffing standard in all nursing homes. In April 2022, the Centers for Medicare & Medicaid Services (CMS) announced it was beginning the process of implementing a minimum staffing standard for nursing facilities.ⁱⁱ This standard would require nursing homes to have enough staff to provide each resident with a minimum amount of direct care each day. Since the announcement, the Centers for Medicare & Medicaid Services (CMS) has undertaken a study to determine the standard and intends to publish proposed rules in 2023. A strong staffing standard will be the most significant increase in protections for nursing homes in decades.

Why Staffing Matters

Staffing nursing homes adequately has multiple benefits to residents. Numerous studies have found that there is a relationship between higher staffing levels and improved care quality.ⁱⁱⁱ Higher staffing levels also led to fewer deaths from COVID-19.^{iv} Poorly staffed nursing homes are more likely to be cited for abuse,^v have worse health inspections, and have lower overall five-star ratings than adequately staffed nursing homes.^{vi}

What is the staffing standard now?

Currently, the federal regulations require that nursing homes have “sufficient staff” in order to “provide nursing and related services to assure resident safety and that each resident can attain or maintain their highest practicable level of well-being.”^{vii} This “sufficiency” standard allows nursing home operators too much discretion, and has resulted in a wide variation in how each facility is staffed and how much care each resident receives.

What should the staffing standard be?

A 2001 Centers for Medicare & Medicaid Services (CMS) study found that nursing home residents require 4.1 hours per resident day (HPRD) of direct nursing care to avoid being at an increased risk of harm.^{viii} The study found that every day residents need, at a minimum, 0.75 hours of care performed by an Registered Nurse, 0.55 hours of care performed by a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN), and the remaining 2.8 hours of care to be performed by a Certified Nursing Assistant (CNA).^{ix} Importantly, this amount of care would only be sufficient for resident with the lowest care needs. Many studies show a correlational relationship between inadequate staffing and lower quality of care,^x but the CMS study made clear that staffing below 4.1 HPRD placed residents at significant risk of suffering adverse health outcomes. This conclusion

was buttressed by a Consumer Voice report that found that nursing homes adhering to the 4.1 or greater HPRD level made up the vast majority of the most highly rated homes.^{xi}

While the 4.1 HPRD level is an adequate baseline, it is important to recognize that a minimum staffing standard must be adjusted to account for a resident's acuity. Many residents have higher care needs that require more care than 4.1 HPRD. CMS itself recognizes that higher care needs require more resources, as evidenced by CMS's use of the Patient Driven Payment Model (PDPM), which assigns different payment levels based on the resident's care needs. Despite paying nursing homes higher rates for residents with greater needs, CMS takes little action to assure that this care is provided.

Job Quality Crisis in Nursing Homes

Since President Biden announced the need for a staffing standard the nursing home industry's constant refrain is that there are not enough workers. However, data show that nursing homes are able to hire workers, but they cannot retain them. Low staffing levels make it impossible for many nursing staff to deliver the care they are trained to provide, leading to the kind of moral injury that causes many to find other work. Some estimates place nursing home staff turnover at over 100% annually, while data from CMS shows that the average home's turnover is 52%^{xii}

**STAFFING BELOW 4.1
HPRD INCREASES RISK
OF HARM TO NURSING
HOME RESIDENTS**

For years, the nursing home industry has paid workers low wages, offered few benefits, burdened staff with impossible numbers of residents to care for and given workers little opportunity for advancement. The median annual income for a Certified Nursing Assistant (CNA) is \$25,200, with 34% of CNAs relying on public assistance.^{xiii} A minimum staffing standard would require nursing homes to use the billions of dollars they receive annually in taxpayer funds to create better jobs, reduce turnover, and increase care quality in nursing homes.

Conclusion

It is essential that this standard provide minimum staffing levels based on resident acuity and be broken down into nursing staff to resident ratios. A minimum staffing standard below 4.1 HPRD is unacceptable, unsupported by clinical evidence, will harm residents, and perpetuate the job quality crisis in nursing homes. We must have a strong standard now!

For more information contact Sam Brooks at sbrooks@theconsumervoice.org

Citations

- ⁱ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>
- ⁱⁱ <https://www.federalregister.gov/documents/2022/04/15/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>
- ⁱⁱⁱ Castle, N. (2008). Nursing home caregiver staffing levels and quality of care: A literature review. *J. of Applied Gerontology*, 27: 375- 405.; Dellefield, M.E., Castle, N.G., McGilton, K.S., & Spilsbury, K. (2015). The relationship between registered nurses and nursing home quality: An integrative review (2008-2014). *Nursing Economic\$*, 33 (2):95-108 and 116.; Castle, N.G. & Anderson, R.A. (2011). Caregiver staffing in nursing homes and their influence on quality of care. *Medical Care*, 49(6):545-552.; Castle, N., & Engberg, J. (2008). Further examination of the influence of caregiver staffing levels on nursing home quality. *Gerontologist*, 48: 464-76.; Schnelle, J.F., Simmons, S.F., Harrington, C., Cadogan, M., Garcia, E., & Bates-Jensen, B. (2004). Relationship of nursing home staffing to quality of care? *Health Services Research*, 39 (2):225-250.
- ^{iv} Li, Y., H. Temkin-Greener, G. Shan, and X. Cai. 2020. COVID-19 infections and deaths among Connecticut nursing home residents: Facility correlates. *Journal of the American Geriatrics Society*, 68(9):1899-1906.; Gorges, R. J., and R. T. Konetzka. 2020. Staffing levels and COVID-19 cases and outbreaks in U.S. nursing homes. *J. of the American Geriatrics Society*, 68(11):2462-2466.; Konetzka, R. T., E. M. White, A. Pralea, D. C. Grabowski, and V. Mor. 2021. A systematic review of long-term care facility characteristics associated with COVID-19 outcomes. *J. of the American Geriatrics Society*, 69(10):2766- 2777.
- ^v <https://theconsumervoice.org/uploads/files/issues/Staffing-Matters.pdf>.
- ^{vi} *Id.*
- ^{vii} 42 C.F.R. § 483.35.^{viii} Centers for Medicare & Medicaid Services, Abt Associates Inc. *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Report to Congress: Phase II Final*. Volumes I-III. Baltimore, MD: CMS, 2001.
- ^{ix} *Id.*
- ^x Schnelle, J.F., Simmons, S.F., Harrington, C., Cadogan, M., Garcia, E., & Bates-Jensen, B. (2004). Relationship of nursing home staffing to quality of care? *Health Services Research*, 39 (2):225-250.; Schnelle, J.F., Schroyer, L.D., Saraf, A.A., Simmons, S.F. Determining nurse aide staffing requirements to provide care based on resident workload: A discrete event simulation model. *J. American Medical Directors Association*. 2016; 17:970-977.
- ^{xi} <https://theconsumervoice.org/uploads/files/issues/Staffing-Matters.pdf>.
- ^{xii} https://theconsumervoice.org/uploads/files/issues/High_Staff_Turnover-A_Job_Quality_Crisis_in_Nursing_Homes.pdf
- ^{xiii} *Id.*